Joint Meeting of the
IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
and the
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
May 21, 2014, 1:00 pm to 5:00 pm
United Way Conference Center, Conference Room E
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Neil Broderick
Richard Crouch
Marsha Edgington
Lynn Grobe
Representative Dave Heaton
Representative Lisa Heddens
Kathryn Johnson
Betty King
Geoffrey Lauer
Brett McLain
Rebecca Peterson
Michael Polich
Deb Schildroth
Patrick Schmitz
Suzanne Watson

MHDS COMMISSION MEMBERS ABSENT:

Thomas Broeker
Jill Davisson
Senator Joni Ernst
Senator Jack Hatch
Sharon Lambert
Marilyn Seemann

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff
Kenneth Briggs Jr.
Ron Clayman (phone)
Jackie Dieckmann
Jim Donoghue
Doug Keast
Gary Keller
Todd Lange
Sally Nadolsky
Lori Reynolds (phone)
Brad Richardson (phone)
Jim Rixner
Joe Sample (phone)
Dennis Sharp
Kathy Stone (phone)
Gretchen Tripolino
Kimberly Wilson
Ann Wood (phone)

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Jim Chesnik
John Eveleth
Kris Graves
Diane Johnson
Julie Kalambokidis
Sharon Lambert
Amber Lewis
Todd Noack
Donna Richard-Langer
Lee Ann Russo
Christina Schark
Kimberly Uhl

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Bob Bacon	U of I, Center for Disabilities and Development
Kyle Carlson	Magellan Health Services
Connie Fanselow	MHDS, Community Services & Planning/CDD
Jim Friberg	Iowa Department of Inspections and Appeals
Melissa Havig	Magellan Health Services
Anna Kilpack	Parent
June Klein (phone)	Brain Injury Association of Iowa
Gretchen Kraemer	Attorney General's Office
Carrie Malone	House Republican Staff
Maria Montanaro	Magellan Health Services
Liz O'Hara	U of I, Center for Disabilities and Development
Becky Harker	Iowa Developmental Disabilities (DD) Council
Chuck Palmer	Director, Iowa Department of Human Services
Rick Shults	MHDS Division Administrator
Deb Eckerman Slack	Iowa State Association of Counties
Aaron Todd	Senate Democratic Caucus

WELCOME AND CALL TO ORDER

MHDS Commission Chair Patrick Schmitz and Mental Health Planning Council Chair Teresa Bomhoff called the meeting to order at 1:00 p.m.

DHS Director Chuck Palmer welcomed everyone to the meeting, congratulated both groups on their hard and constructive work over the past year, and said he looks forward to another productive year. He said that the groups have been gaining increasing respect from the legislature, noting the work done on developing administrative rules and the quality of thinking that has been demonstrated. Regions are getting ready to move to the next phase of redesign, regional plans are very positive, and overall counties are in good financial shape. He said that the transition is on a positive track. Counties and regions have shown a commitment to moving forward to provide core services and are making efforts to move into additional, or "core plus" services. Although the legislative session is over, there will still be some final decisions on legislation coming out of the Governor's Office. The Department will be working with counties, regions, providers, and others, including advisory and advocacy groups, to continue to move the implementation of MHDS redesign forward. Director Palmer said he looks forward to supporting the Commission and the Planning Council in that process.

MHDS Division Administrator Rick Shults also welcomed everyone and thanked the members of the Commission and the Planning Council for their commitment to improving the lives of Iowans with mental illness and disabilities. He noted that this joint meeting is representative of ongoing efforts to improve communication, share different perspectives, and work together to use information to improve the system so that it can

better serve people. Rick noted that he interacts with many of the Commission and Planning Council members, not just at these meetings, but also in their individual capacities as county representatives, service providers, advocacy group members, and other roles, so he is aware that they contribute in many ways. Rick thanked the members for their dedication and time, and said he looks forward to continuing to collaborate and communicate with them.

Patrick Schmitz and Teresa Bomhoff led introductions.

MHDS Commission Overview: Patrick said that the Commission has had a very busy year and done some wonderful work. They were given the responsibility to help DHS create a variety of new administrative rules, including core services, regional management, the Autism Support Program. Many members have devoted many hours to serve on committees to complete that work and a committee continues to work on the development of rules for a full spectrum of crisis stabilization services, which are expected to be completed next month. The Commission also identified legislative priorities, which were included in its annual report as recommendations for changes in Iowa law, and regularly received reports from DHS and others to increase their knowledge of activities and issues of concern. Patrick noted he has just begun his term as Chair, and said that the Commission members appreciate and want to acknowledge the leadership shown by Chair Jack Willey and Vice-Chair Susan Koch Seehase over the last few years. Patrick also thanked everyone who has been a part of the committees and put in many hours of time and effort on the development of the rules packages.

MHPC Overview: Teresa Bomhoff shared an overview of the Mental Health Planning Council and its activities. She noted several differences between the MHDS Commission and the Council:

- The Council is authorized by federal law and required as a condition of Iowa receiving federal Community Mental Health Block Grant funds and members are elected according to Council bylaws. The Commission is authorized by Iowa Code and members are appointed by the Governor.
- The Council has 33 members; the Commission has 18 voting members and 4 legislative members.
- The Council meets bi-monthly (six times a year); the Commission meets monthly.

The Council has three purposes:

1. To review Iowa's Mental Health Bock Grant Plan and make recommendations to DHS.
2. To serve as an advocate for adults with serious mental illness, children with serious emotional disturbance and their families, and other individuals with mental illness.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health service within the state.

Planning Council Membership:

- Not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.
- Seven members represent the principal State agencies responsible for mental health, education, vocational rehabilitation, criminal justice, housing, social services, and the State Medicaid Agency
- Six members represent public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services
- Six members represent adults in recovery who have lived experience with serious mental illness (who are receiving or have received mental health services)
- Four members represent family members of adults with serious mental illness
- Six members represent parents, guardians, or primary caretakers of children and adolescents with serious emotional disturbance
- Four members represent other individuals with an interest in mental health issues
    - In 2010 the Iowa Legislature acted to require that the membership include a military veteran who is knowledgeable concerning the behavioral and mental health issues of veterans
    - To improve coordination between mental health service and substance abuse services, the Council now includes a representative from the Iowa Department of Public Health (IDPH)

Teresa noted that Iowa receives federal block grants for mental health and for substance abuse from SAMHSA (Substance Abuse and Mental Health Services Administration. In Iowa, MH block grant funds are managed by DHS and SA block grant funds are managed by IDPH. The grants have traditionally been completely separate, but there are efforts at the federal level to coordinate them and eventually states may be asked to move to making one joint application for funds.

Community Mental Health Block Grant: For FY 2014, Iowa's Community Mental Health Block Grant will be about $3.7 million. There is a new requirement that 5% of that must be set aside to support evidence-based programs that address the needs of individuals with early serious mental illness (such as schizophrenia). Iowa will be filing a proposed plan to implement that requirement by May 29.

Under State law, 70% of the remaining block grant funds go to Iowa's community mental health centers (CMHCs), 25% is used to fund other projects, and 5% is allocated for administrative costs. CMHCs generally use their funds for training and supporting services to people who do not have other funding sources. Projects funded by the 25% include technical assistance for redesign workgroups, consultation and training on multi-occurring capability for providers, and support for the Commission, the Planning Council, and the Olmstead Consumer Task Force. Funds also support the Office of Consumer Affairs, stipends for people to attend statewide mental health conferences, and gathering self-reported data from users of Iowa's mental health system.

Meetings: Meetings include reports from committees and workgroups, updates from MHDS, and presentations on topics of interest. This morning the Council met and heard from a representative of the Iowa Law Enforcement Academy who discussed training on mental health, and two representatives from IDPH who discussed a new suicide prevention grant and the Iowa Youth Survey. Teresa noted that the Council hopes to add a member from the Iowa Law Enforcement Academy. The Council is also active in developing and promoting legislative priorities.

Iowa Developmental Disabilities (DD) Council Overview: Becky Harker, Executive Director of the DD Council, shared an update on its activities. Becky, along with Rik Shannon, Public Policy Manager, and a part time administrative assistant person provide support to the DD Council, which is a group of about 24 volunteers who represent Iowans with disabilities, family members, service providers, state agencies and organizations concerned with developmental disability issues. The DD Council was created in response to a federal law, the Developmental Disabilities Assistance and Bill of Rights Act and is a federally funded state agency. Members advocate for the development of services and supports so that Iowans with developmental disabilities can make choices and take control of their lives.

Becky shared a DD Council publication, "What Will You Say?," a guide to mental health and disability services redesign. She noted it was prepared last fall, before the 2014 legislative session, so some things may have changed, but most of the information is still relevant. Becky said they work to provide good information to people that they can use to be good advocates in their communities. In 2012 and 2013, the DD Counsel sponsored 30 to 33 community conversations with more than 1000 people attending. In a follow-up survey, the participants reported:

- More than 50% said they contacted their legislators
- More than 83% said they talked to members of their community
- 81% perceived that their advocacy efforts were effective

The goal is to help people understand and participate in the public policy process. The DD Council sponsors voter trainings in communities around the state. Becky said they have worked with provider organizations that have been helpful in hosting them. She noted that voting is an important step in becoming a credible advocate; when people apply for seats on state boards and commissions, the Governor's Office will check to see if they have been active voters.

IDaction is a project designed to engage people in the decision-making processes that affect them. Anyone who is interested can register to receive mailings. There are currently more than 8000 registrants. IDaction also produces several publications to help keep people informed, including InfoNet, Perspectives in Policymaking, The InfoNet Guide to the Iowa Legislature, and the publication Becky shared today.

InfoNet is a newsletter and network of resources to help advocates stay current with issues in the legislature, Governor's Office, and U.S. Congress that are important to them. They can also find information on becoming a more effective advocate, sharing

their message with policymakers, and connecting with other advocates. Becky said the Council is discussing the development of a leadership cadre to nurture true leadership development among people with disabilities and family members.

Self-Advocacy - One step in that direction is a Self-Advocacy Conference this fall in Coralville. It is scheduled for October 1, 2, and 3 and part of it is talking about leadership and how people can make their mark in their own community. The Council would like assistance in finding exhibiters and sponsors to help defray the costs and support scholarships for people to attend.

Employment - The DD Council is the fiscal agent for a federally funded project called ICIE (Iowa Coalition for Integrated Employment). They work with DHS, the Iowa Department of Education, and Iowa Vocational Rehabilitation Services, which are all partners in the project under a memorandum of agreement. One of the pieces of the grant is to create a cross-agency coalition to improve systems so that Iowa youth with a developmental disability have fully integrated, and competitive work opportunities. There are 85 members of the coalition. They are working to align policies, practices and funding with employment expectations and to engage others in the process.

One component has been six demonstration projects with community rehabilitation providers to test customized employment, done in conjunction with another federal project, the Employment First project. IVRS learned from that project that they need to create a new code for job "discovery," for services to help people find out what they like, what kind of work they are interested in pursuing, and what they are best suited to do. It is a need that goes well beyond job matching. Work has been done by Iowa Medicaid Enterprise (IME), MHDS, and IVRS to review definitions of services, rate restructuring, and developing some models to transform Iowa's employment system so there is a broader array of options available and employment choices are not limited by restrictive definitions or funding.

Focus groups have been held to engage people from all over the state and promote the expectation that people with disabilities can and will work. They included conversations about expanding the options available and recognizing that there are people who have not been thought to be capable of competitive employment who can work and be successful. The pilot project started with 30 people who had been considered unable to work in competitive employment in the community. After nine months, 15 of those people were employed and more people are continuing to become employed.

Recommendations have been developed and the coalition will meet again tomorrow to talk about moving those recommendations forward. The IVRS Employment First Grant funded bringing in subject matter experts (SMEs) to work with six providers to help them figure out how to transform services and shift how they do business. In addition, the Iowa Association of Community Providers has been able to use the SMEs to work with a broader group of people.

There is also a group of representatives from seven state agencies, called the Governance Group, that meets to work on employment issues: DHS, Department on Human Rights, Department of Education, Department on Aging, Iowa Vocational Rehabilitation Services, DD Council, and Workforce Development. At their last meeting, they discussed how to offer benefits planning statewide and how to develop a cross-agency reporting system what could track information on outcomes to measure how Iowa is doing in increasing community-based employment for people with disabilities.

Jim Rixner asked about people who are concerned about losing benefits, particularly health care, if they earn more or work more hours. He said they should be fairly compensated, but if they lose benefits, earning more is not helpful to them. Becky recommended talking to benefits planners who can help them determine how to maximize their income while retaining needed benefits. Kathy Johnson said her agency has worked with people to help them map out what they can expect if they go to full time employment and change over from Medicaid to private health insurance. Becky said that individuals who would like help could call Disability Rights Iowa (DRI); they have two benefits planners available to assist in the process.

HOME AND COMMUNITY BASED SERVICES RULES

Theresa Armstrong presented information on new federal rules for the delivery of home and community based services. She said that IME is working to get information out about the rules, and is in the process of holding a series of public meetings to get feedback from providers, consumers, families, and advocates. Theresa shared a handout prepared by IME. These rules have been a long time in coming; they were first announced in 2009 and finally became effective in March of this year. The rules define the type of settings that services can be delivered in which will be considered to be home and community based.

Background: In the 1970s, states were authorized only to provide institutional services. In 1981, the Katie Beckett Waiver was created by special legislation because Katie was living in a hospital with Medicaid paying a high rate for her services, and her parents wanted her back home, but needed a way to provide the services she needed there. From that first waiver, the HCBS Waiver program was born and people had the option of receiving supports in their own homes instead of a facility.

Iowa now has seven HCBS Waivers: Health & Disability, Intellectual Disability, Physical Disability, Brain Injury, Children's Mental Health, Elderly, and AIDS/HIV. These new rules apply to all the waivers and to the habilitation program.

The intent of the new requirements is to:

- Define HCBS settings by the nature and quality of the individual person's experiences
- Ensure that people are receiving services and supports have full access to community living to same extent as people who are not receiving Medicaid HCBS services

- Expand opportunities for people to receive supports in the most integrated settings
- Provide for individual choice in living arrangements, service providers, and life choices
- Ensure that individual rights are not restricted
- Avoid regimentation in daily activities, schedules, and personal interactions

Theresa noted that the rules do not just apply to residential settings such as Residential Care Facilities (RCFs) or other congregate settings; they also apply to day services, employment, and other activities. The key is that each individual should have choice in how they live, including where they eat, what they eat, whom they live or socialize with, and how they spend their time. There may be some level of restriction based on the person's assessed needs if necessary due to the nature of their disability to maintain their health or safety.

The rules specify that HCBS cannot be provided in institutional settings including hospitals, nursing facilities, Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), and Institutions for Mental Disease (IMD).

Certain settings are presumed not to be HCBS settings:
- Located in a building that also provides inpatient institutional treatment
- Located on the grounds of, or immediately adjacent to, a public institution
- Any setting with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

If people live, receive services, and socialize all in the same building, it probably takes on the quality of an institution. It would become the obligation of the state to prove that a setting that looks like and institution is not an institution if they believe it really is an HCBS setting. Persons living in provider owned or controlled settings must have the same protections from eviction as all tenants under state or local landlord-tenant law. If tenant laws do not apply, a lease or written residency agreement must provide protections to address the eviction process and offer appeals comparable to those provided under the local landlord-tenant law.

In provider owned or controlled settings:
- Each person must have privacy in their sleeping or living unit
- Units must have lockable entrance doors, with the person and appropriate staff having keys to the doors as needed
- Persons sharing living units must have the choice of roommates
- Persons have the freedom to furnish and decorate within the lease or agreement
- Persons have the freedom and support to control their schedules and activities and have access to food at any time
- Persons may have visitors at any time
- The setting must be physically accessible to the person
- Any modifications to the requirements for an individual (such as limited access to food) must be:

- Based on individual needs
- Made after less intrusive methods have been tried
- Done through a person-centered planning process with the individual's informed consent
- Subject to time limits for review and measurement of effectiveness

Theresa noted that there are quite a few provider owned and controlled settings in use in Iowa.

The state must develop a transition plan to submit to CMS (Centers for Medicare and Medicaid Services) with the first Waiver renewal. The statewide transition plan is due July 31. The ID Waiver renewal was due earlier, so a draft plan had to be submitted in March with that. The plan must include public comment, assessment, and remediation. Public meetings are scheduled for this week and next week and public comment will be accepted through May 31.

The Transition Plan Assessment Process will include:

- A settings analysis at a high level, not provider or location specific identifying general categories of settings that are likely to be:
  - In compliance
  - Not in compliance
  - Not yet, but could become compliant

Settings that are in compliance would include, for example, people living in their own homes or renting from a non-provider. Settings that are not in compliance would include, for example, hospitals and IMDs (Institutions for Mental Disease). Settings that are not in compliance but could be will include campus settings, services delivered in provider offices, Residential Care Facilities (RCF), large apartment complexes with a majority of residents who are people with disabilities, provider owned housing, assisted living facilities that are attached to nursing homes. Those types of settings will need to be reviewed further.

- Identifying HCBS setting during provider enrollment and re-enrollment
- The HCBS quality assurance onsite review process
- Annual provider quality management self-assessment
- The Iowa Participant Experience Survey (IPES) results for member experiences on choices and community access
- Provider surveys
- Geographic Information System (GIS) evaluation of provider locations and member addresses

As providers re-enroll, Medicaid will be looking at the settings rules, self-assessments, and member and provider surveys.

The transition plan includes steps for remediation:

- IME will notify providers of assessment results
- For settings that are not in compliance, the provider will submit a corrective action plan (CAP) that describes the steps to be taken and the expected timelines to achieve compliance
- The state may also establish certain requirements for providers to become compliant
- The state's review of the CAP will consider the scope of the transition to be achieved and the unique circumstances related to the setting in question
- Compliance will be monitored through onsite reviews, technical assistance, and provider annual self-assessment.
- If there is failure to remediate, providers will be subject to sanctions up to and including disenrollment

Theresa said that in the case of providers who have campus settings, plans will be put in place to move away from providing all services there. There may be some unique circumstances that will require taking a closer look at providers and the people who are being served, and possibly working one-on-one with specific provi

Transition Timeline:

- Preliminary activities are underway and public comment is being gathered
- The assessment of specific locations and settings will be done between June 2014 and April 2015
- Provider self-assessments will be completed between December 2014 and February 2015
- Results will be reported beginning in May 2015
- Providers should begin remediation as soon as non-compliance is identified (as soon as July 2014)
- All settings must be fully compliant by March 17, 2019

Theresa said the Department wants to be open and transparent throughout the process. To access additional information on the new HCBS rules and setting requirements, go to: http://www.dhs.state.ia.us/ime/about/initiatives/HCBS

Questions or comments on the transition plan can be submitted by email to: HCBSsettings@dhs.state.ia.us

DHS/MHDS UPDATE

Rick Shults and Theresa Armstrong updated Commission and Council members on MHDS, Department and other state level activities. Theresa began with a brief summary of legislative actions:

HF 2379 – Has been signed by the Governor, authorizing DHS to accredit crisis stabilization services. New administrative rules for these services will be added to Chapter 24. They are currently in draft form and DHS expects to bring them to the

Commission for approval to notice next month. Rick added that these rules cover a broad array of crisis support services that will be provided in a variety of settings, including some very short-term residential services that would ordinarily be accredited by DIA. He said that DHS is going to insist that residential settings meet the same kind of expectations DIA would have, but will also be looking at the clinical aspects of service delivery in all settings. He said that the Commission has worked very hard on many rules packages, and he considers these rules to be some of the most difficult and complex that have undertaken because they go across so many settings and have many complexities to work out.

Jim Friberg from DIA said the rules for subacute services have been sent out to providers for review and comments are due May 30. There will be a meeting on June 2nd to discuss the feedback received.

HF 2378 - Has been signed by the Governor. This is the bill sponsored by the Iowa Association of Psychologists to allow provisional licensing for doctorate level psychologists; previously they had to practice for two years under supervision before they could be licensed.

SF 2296 – Has been signed by the Governor. This bill relates to financial responsibility for 812 commitments (for people who have committed crimes and are found to be mentally incompetent to stand trial). If they are held at MHIs, DHs will be responsible for payment. If they are held in a correctional facility, the Department of Corrections will be responsible for payment.

SF 2211 – Has been signed by the Governor. This bill clarifies the definition of sexually violent predators and allows juvenile records to be considered in making that determination.

SF 2349 – This is the infrastructure and technology bill, and it has not yet been signed by the Governor. It includes money for expansion of the Homestead, a new outpatient mental health clinic at Broadlawns, remodeling for New Hope in Carroll, and other projects.

SF 2363 – This bill has not been signed by the Governor. It is a one-time funding bill that contains funding for multiple projects, including a statewide bed tracking system and grants to CMHCs and substance abuse treatment providers to purchase electronic health records systems. Also included is a study to look at how to serve individuals who are in need of nursing facility level of care and have demonstrated sexually violent behaviors.

Rick Shults added that the Governor can sign or veto an entire bill, or, in the case of appropriations, he can veto specific line items. Legislation is not final until signed by the Governor and any line item vetoes have been made. The Governor has 30 days to sign or veto bills after the end of the legislative session, so he will be making his final decisions by June 1.

SF 2463 - Rick Shults reviewed items of interest included in the Health and Human Services Appropriations bill:

- $6 million in funding to reduce HCBS Waiver waiting lists
- Funding to continue current systems of care projects at a decreased amount (Community Circle of Care, Orchard Place, Four Oaks, Tanager Place).

Rick noted that integrated health homes (IHH) using systems of care (SOC) principles are being implemented to cover Medicaid-eligible children, which will reduce the amount of funding needed to serve only the children who are not covered by Medicaid. Patrick Schmitz asked if there is any a difference in the level of intensity between IHH and SOC. Rick responded that there are differences because of the way Medicaid operates, and the caseloads for IHHs are much higher. Neil Broderick noted that in the case of larger caseloads, only a few of the children need intensive services and supports, and most need much less, so there is a mixture of lower needs and higher needs. Chuck Palmer commented that the systems of care pilot projects have been excellent and proved their value, but the IHH model makes good sense on a statewide basis.

- Funding for continuation of the Autism Support Program
- Funding to support the Prevention of Disabilities Council
- Provisions to allow community mental health centers to opt out of cost reporting and choose a fee-based reimbursement methodology retroactive to July 1, 2013; CMHCs can continue to use cost settlement if they choose
- Equalization funding for counties; the amount started at $29.8 million and was increased to $30.5 million based on growth in Iowa's population. Rick noted that there is also $11.7 million previously used for the State Payment Program that will now go to regions for people who have established residency.
- Extends equalization funding for another year, into SFY 2016
- Support for continued collaboration between DHS, IVRS, DoE, and others to develop protocols for supported employment services in the state, and to allow regions to participate in some federal initiatives without interference from the State
- Authorization for the Director to provisionally approve the two-county region of Marion and Mahaska Counties and recognize them as an MHDS region if they are able to meet all the requirements
- A study related to identifying how community-based services and supports for people with serious mental illness can be improved; bring people together, identify strengths, weaknesses, and gaps and make recommendations for improvements
- Amendments to clarify that regions are paying for mental health services and counties are paying for substance abuse services
- Places limits on how much cash regions can have in reserve; if they have more than a 25% ending fund balance, they need to use it to expand services
- Clarifies the definition of employment by making it more person-centered
- The Medicaid Offset remains in the bill, how the calculation will be made has changed.

Rick explained that in the first year, the bill says that the offset will be based on what counties spend for specific services to a specific group people in first six months of SFY 2014 (from July 1, 2013 through December 31, 2013) and compare that to what was spent in the second half of SFY 2014 (from January 1 through June 30, 2014). The difference between those two amounts would be multiplied by two (to annualize it) and the 80% offset would be applied for SFY 2015. Based on that number, where equalization funds are available, they would be due from the counties by January. Where equalization funds do not cover the reduction, next year the county property tax would be reduced. Rick said the Department would be talking with the CEOs of the regions about the process. He said that going forward, the comparison would be between the current fiscal year and previous fiscal year expenditures, so it will result in incremental change. In FY 2015 and 2016, as IHAWP gets close to full implementation, the incremental amounts will be small.

- DHS was directed to include recommendations for the use of funds over 25% of ending fund balances that are to be used to building services. Chuck Palmer noted that a 25% ending fund balance is better than some counties have been able to do in the past and affords them some level of security, although counties who had higher balances did not want to be directed to spend some portion of the funds. He said he believes regions will be willing to invest in building a system with greater stability and predictability in funding. Rick clarified that there are two provisions related to fund balances and that both counties and regions are limited to 25%.

- Some technical language is included for state case funding.

- Calls for a legislative Council for Child Welfare Services Committee to look at child welfare in a broad sense, which would include mental health, public and private services and supports, and integrated health homes

Theresa Armstrong continued with an update on MHDS regions.

<u>28E Agreements</u>:

- All 14 multi-county regions have submitted their 28E agreements
- Some needed to be revised to include Iowa Code requirements and DHS also made some recommendations for changes or additions for the regions to consider
- Ten of the fourteen agreements have been fully approved
- The agreement for Mahaska and Marion Counties is still under review
- Three are in the process of getting signatures and will be resubmitted

<u>Regional Services System Management Plans</u>:

- Regional plans have three parts
- Policy and procedure manuals were due April 1

- Annual services and budget plans for the fiscal year starting July 1, 2014 were due April 1
- DHS has until June 1 to approve those two parts of the plans or provide feedback to regions
- Annual reports will be due December 1 each year, beginning December 1, 2015
- Regions are required to provide services to people with intellectual disabilities and mental illness; some counties have previously been serving people with developmental disabilities, brain injuries, and children and counties can continue to serve individuals from those groups if one or more of the counties in the region had been serving them

By July 1, 2014, regions must have:
- DHS letter of intent
- 28E agreements approved by their county boards of supervisors and DHS
- Established their governing boards
- Identified or hired their CEO (chief executive officer)
- A transition plan in place

Some of the information the transition plans must contain include:
- Designated local access points
- Designated providers of targeted case management services
- Identification of the provider network and service providers
- Identification of the service authorization process
- How the region is going to handle information technology and data management
- How the region will establish administrative and business functions
- How the region will comply with data reporting and information technology requirements

DHS has received three of the plans just this week and the rest are expected to come in over the next few weeks. That is one of the final pieces that have to be in place for the regions to start operating on July 1.

<u>Iowa Health and Wellness Plan</u>:
- Enrollment continues to grow; it is now over 100,000
- Providers are reporting that they are seeing more people coming in with insurance coverage

Jim Rixner commented that it would be very helpful if CMHCs, as well as hospitals and FQHCs (federally qualified health centers) could use presumptive eligibility. Kathy Johnson asked how many enrollees have been identified as medically exempt. Theresa Armstrong said the number that was updated yesterday is 5,286. So far, 84% of the medically exempt determinations have been for mental health reasons. Chuck Palmer said that the number identified as medically exempt not as high as expected at this point, so efforts are underway to make sure those who would qualify are identified. It is

advantageous for them to go into the regular Medicaid program. Kathy said that it has been taking one to three months to get the medically exempt determination.

LEGISLATIVE PANEL DISCUSSION

Representative Lisa Heddens, District 46 (Story County) and Representative Dave Heaton, District 84 (Henry County), shared their perspective on the 2014 legislative session and legislation affecting mental health and disability services.

Equalization - Representative Heddens said the legislature worked with counties to add funding for equalization. There are still legislator who have concerns about the funding with regard to counties that will have to lower their levy rates and will not be getting money. She said the concern is that counties with funds may be in the position of supporting other counties, which could cause the system to stall. Counties should be able to provide core services, but there are still question about how they will get beyond that basic set of services to "core plus."

HCBS Waiver Waiting Lists - The legislature appropriated $6 million for the HCBS Waiver waiting list. Four of Iowa's seven HCBS Waivers have waiting lists and some people have been waiting for up to two years. The $6 million will reduce, but not eliminate the lists. Representative Heddens said she has heard from families who are struggling to maintain their children at home and really need the support provided by Waiver services. She noted that a lot of education was directed to the Governor's Office on waivers and what they support and what they do not cover, with the hope that he will not veto this appropriation as he did last year. It is important that all Medicaid programs are not lumped together and there is a clear understanding of what each program provides. She urged advocates to continue to express their support for the appropriation until the bill is signed.

Office of Substitute Decision Maker – This office was discontinued in 2009 when funding was discontinued due to budget constraints. Legislation this year has reinstated the Office of Substitute Decision Maker within the Iowa Department on Aging. Representative Heddens said it was a difficult decision to cut funding for it five years ago and she is pleased to be able to bring it back. The Governor has supported it in his budget.

Collaborative Safety Network – This is a workgroup established to look at individuals who still do not have health insurance coverage under the IHAWP and need access to some type of insurance or other safety net.

Elder Abuse Workgroup – This provision was scaled back in conference committee to prevent possible unintended consequences related to criminal penalties, and now calls for a workgroup to look more closely at defining elder abuse and applying criminal penalties and other initiatives that may need to be in place to protect older Iowans from abusive practices. This can be a difficult area because statistics show that 85% of elder abuse is committed by family members. The workgroup will include representatives

from IDPH, DHS, IDA, and the Attorney General's Office. They are to meet and make recommendations by mid-August so that if funding needs are identified there will be an opportunity to get them into the Governor's budget.

Other provisions include:

- Directing DHS to work with Chief Juvenile Court Officers to develop and implement a tracking and information system
- Addressing the uniform cost report
- Directing DHS to report on cost their containment initiatives; information on how they are meeting the projections and if there are barriers to services

Teresa Bomhoff asked if a framework for a children's mental health system would be established soon. Representative Heddens responded that there will probably be another workgroup or task force and there may need to be more direction supplied through legislation addressing subjects such as core services, service gaps, and out of state placements. She said we will need to identify what services can be developed here in the state to better serve children who have been or might be placed out of state, what families want, and what local providers need to make that happen. There also needs to be funding in place for providers and families to be able to go beyond what is currently available when they are supporting a child with a high level of need.

Ken Briggs commented that there are many parents in Iowa who are struggling keep their children at home and get them the services they need. Especially when they cannot access services through the Children's Mental Health Waiver because of the waiting lists, they really need support. Representative Heddens responded that she is hopeful that the Governor will not veto the funding for the HCBS Waiver waiting list, but she also know more funding will be needed next year because the waiting list continues to grow. Iowa is challenged in recruiting and maintaining psychiatrists and we need to improve that situation, as well as better utilizing tools such as telepsychiatry to increase access to psychiatrists for children and adults.

Representative Heaton said that efforts had been made to get as much money as possible for the HCBS Waiver waiting list. He said he was informed that the infrastructure does not exist to move people off the waiting list in large numbers, so it is necessary to do it incrementally over time. He noted that Waivers offer non-institutional support for people in their homes and communities, which is consistent with the new federal rules about community based settings. He encouraged people to let the Governor know how much the money is needed.

Representative Heddens said the when the Governor vetoed the funding for HCBS Waiver lists last year, he was under the impression that the IHAWP would take care of the issue, but many people knew it would not. Efforts were made to educate the Governor's Office on how Waivers work so that he would not veto the waiting list money this year.

In response to a question, Representative Heddens said that it appears the only way to eliminate a waiting list is to conduct assessments to determine eligibility when people apply, put them on the Waiver, and then pass a supplemental appropriation to cover the costs. Representative Heaton said that more money is needed because more people are living with disabilities and they are living longer. In order to bring the waiting list down to a reasonable wait time, coordination is needed to look at the infrastructure and how it can absorb 1000 to 2000 more people and still be able to provide them with the services they need.

Tom Bouska commented that families can be forced to become involved in the judicial or child welfare system to access services when HCBS Waiver services are not available and while children do receive services through those systems, it may not be in the most appropriate way.

Representative Heaton said more needs to be done to address the shortage of mental health professionals in the state. The University of Iowa graduated six psychiatrists last year and all six took residencies out of state. Iowa needs to keep the professionals trained here in the state to practice here. He said we should identify what can be done to be competitive with other states and keep them here. Neil Broderick commented that it is often a simple matter of economics; when new graduates can earn significantly more money by going elsewhere. Jim Rixner said he had been successful in hiring a full time clinical psychiatrist from the University of Iowa to work at the Siouxland Mental Health Center in Sioux City. He said it works because she is being paid by the local hospital (Unity Point-St. Luke's) to work at the CMHC. It is a public-private partnership; the hospital wants to reform their psychiatric system, and make it a community-based mental health system, they want to reduce admissions, maintain quality of care, and avoid federal sanctions. The CMHC is only responsible for paying back to the hospital what they gain from billing for her work during the course of the year. He said that he sees forming public-private connections and partnerships as a long-term strategy for attracting and keeping psychiatrists in the state.

Representative Heaton said he thinks it is also important to utilize psychiatrists wisely and work on training more nurse practitioners and other mental health professionals. Representative Heddens agreed, saying that creative approaches need to be pursued. Rick Shults commented that having public-private partnerships brings value that improves the system. Hospitals are opening psychiatric beds because they are finding that it saves emergency room costs. If people understand that such partnerships work economically and as a service delivery model, they will begin to think differently. Representative Heddens added that there should also be an effort to ensure that an adequate direct care workforce is in place to provide the services.

Representative Heaton said that legislators such as he and Representative Heddens need DHS and others with knowledge in mental health services to share their vision for the future of redesign, the next steps for the children's system, and how service delivery should work. He said it would be helpful to come back to the legislature in January with a game plan and an idea of the resources needed for the children's system, and be able

to convince the Governor know of its importance so he might include funding in his budget.

Representative Heddens said that money is not the only answer, but at some point, more money is needed in the system. She said that for example, the legislature has cut budgets for Area Education Agencies (AEAs) for several years and that means they have fewer resources to provide special education consultation and services that children with disabilities need in school. She said that there is a need to recognize that it is not wise or cost effective to pull back supports every time they seem to be working.

Teresa Bomhoff asked about the effort to establish a mental health advocate office at the state level. Representative Heaton responded that he and others had worked hard on that, but the effort did not have the support of the courts. He said they have promised to come back next year with a new plan.

Teresa also asked about the status of the State Juvenile Home. Representative Heaton said that legislators would wait for the court decision. Representative Heddens added that a number of legislators in her caucus wanted to act to re-establish the home, but felt they should wait for the outcome of the litigation. There is concern about not having it in place for juveniles involved with the court system. The legislature did appropriate funds for support of the students who were transferred from the Juvenile Home and the continuation of their special education services. Representative Heaton said he believes that the state needs a special place for girls and boys with high needs.

PUBLIC COMMENT

Bob Bacon commented that Representatives Heddens and Heaton talked about studies that the legislature has mandated and said that perhaps it is time to look at the cost of not doing what needs to be done. When other services are not available, CMHCs become the de facto mental health system, when we fail to invest upfront in employment services, federal costs for SSI (Supplemental Security Income) are much higher than they could be if more people received the support they needed to join the workforce. Bob said that the costs of not making these kinds of investment early should be operationalized to identify the savings that could be achieved.

Representative Heddens said that many legislators want a quick fix and fail to recognize that results do not happen in a single year. They sometimes scrap promising programs before they have a chance to show results. Most efforts need to be given at least five years to show how they can improve outcomes for people or savings to the system.

The meeting was adjourned at 4:55 p.m.

Minutes respectfully submitted by Connie B. Fanselow.